Department of Labor and Industries Marine Crane Certification PO Box 44650 Olympia WA 98504-4650



NOTICE OF DEFICIENCIES

(Certification Examination)

Owner's name	Owner's address				Certificate #
Description	Serial #	Model #	Owner ID #	Crane location	
Rental YES NO If yes,	rental company	y name			
The undersigned, being authorized to examination) (examination) of the destroy for Longshore, Stevedore & Related Shipbuilding & Shipbreaking, WAC unsatisfactory condition:	scribed equip d Waterfron	pment in accordance t Operations, WAC	e with the requirement 296-Chapter 56, an	nts of Washington ad Safety Standard	State Safety Standards ls for Ship Repairing,
Under the applicable requirements of (examination) is prohibited until such that the certifying authority notify the above circumstances, by copy of	time as corr e Assistant I	ection of deficienci	es have been verified	by the undersigned	ed. It is further required
NOTE: This notice is for use and issuance only be equipment required to be certificated. Use of this				sultation and Complian	ice to conduct examinations of
Certification company name	Address		City		State ZIP + 4
Examiner	Da	nte	Signature		
F416-054-000 notice of deficiencies 5-02		Distribution: White - E	xaminer/tester Canary - C&	&C Division file Pink -	Owner